| CORPORA<br>ANNUAL R<br>199                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      | Sar<br>Se<br>- DIVISION                                       | DEPARTMENT on the best of the | ım                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          |                                       |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------|
| OCUMEN<br>Porporation Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 940000                                                                                                                                               | - 100                                                         | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | # 1831/881 VIF #8(I) #18VI B#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ili Bāķi: Bāji: Baria                                    | - <b>108</b> 1 <b>-</b> 1011 18       | 888 (HB) 1811 N                                                                           |
| opal Place of Busin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                      | ailing Address                                                | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                       |                                                                                           |
| 1965 42ND AVE.<br>Suite 6<br>Vero Beach FL 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 32960                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                      | 1965 42ND AVE.<br>SUITE 6<br>VERO BEACH FI                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date Incorporated or Qualification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ed 3a Date                                               | of Last Re                            | enod                                                                                      |
| Principal Place of B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | lusiness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20                                                                                                                                                   | Mailing Address                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 09/07/1994<br>4. FE! Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          | 09/18/1                               | 995                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 26                                                                                                                                                   |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 65-0517995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                       | Applied For<br>Not Applicab                                                               |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 27                                                                                                                                                   | Suite, Apt. #, etc                                            | <b>3</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5. Certificate of Status Desired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                       | Additional<br>Required                                                                    |
| Oty & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 28                                                                                                                                                   | City & State                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Election Campaign Financin     Trust Fund Contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <sup>9</sup> 🗅                                           | \$5.0                                 | 0 May Be                                                                                  |
| /ιρ<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Country<br>25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 29                                                                                                                                                   | Zip                                                           | 30 Cou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | intry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8. This corporation has liability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          |                                       | 199.032,                                                                                  |
| 9, N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ame and Addres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | s of Current Regis                                                                                                                                   | tered Agent                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 81 Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10. Name and Address of Ne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | w Registered                                             | Agent                                 |                                                                                           |
| 201 S. ORAN<br>ORLANDO FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ovisions of Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | E 760                                                                                                                                                |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 84 City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | eration submits this statement for the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FL purpose of che                                        | <u>.   .  </u>                        | Code                                                                                      |
| 201 S. ORAN ORLANDO FL  Pursuant to the prior registered agen familiar with, and a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | IGE AVE., SUIT<br>232801<br>ovisions of Section<br>it, or both, in the Saccept the obligati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ns 607,0502 and 60 state of Florida. Such ons of, Section 607.                                                                                       | ochange was autr<br>0505, Florida Stat                        | Torized by the clutes. (NOTE Registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 84 City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of directors. I hereby accept the additional management of when reinstating                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | purpose of cha<br>appointment as                         | anging its r<br>registered            | egistered off<br>agent. I am                                                              |
| 201 S. ORAN ORLANDO FL  Pursuant to the prior registered agen familiar with, and a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | IGE AVE., SUIT<br>2801  Ovisions of Section<br>It, or both, in the Saccept the obligation<br>bject or protect rank of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ris 607.0502 and 60 State of Florida. Such ions of, Section 607.                                                                                     | ochange was autr<br>0505, Florida Stat                        | nonzed by the d<br>tutes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 84 City  we named corporation's boat  Agent squature require                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ard of directors. I hereby accept the a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | purpose of cha<br>appointment as<br>DATE<br>OFFICERS AND | anging its r<br>registered            | egistered off<br>agent. I am                                                              |
| 201 S. ORAN ORLANDO FL  Pursuant to the prior registered agen familiar with, and a NATURE Square.  D CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | IGE AVE., SUIT<br>2801  Ovisions of Section<br>t, or both, in the Saccept the obligation<br>by set or private raine of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | IE 760  ris 607.0502 and 60 State of Florida. Such ions of, Section 607.  ring streed agent and the if a FIGERS AND DIRECTAN                         | orange was autr<br>0505, Florida Stat<br>appicable<br>CTORS   | (NOTE Registered 13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 84 City  ove-named corporation's bog  inagent signature require  IILE  AME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | of directors. I hereby accept the additional management of when reinstating                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | purpose of cha<br>appointment as<br>DATE<br>OFFICERS AND | anging its registered                 | egistered off<br>agent. I am<br>RS IN 12                                                  |
| 201 S. ORAN ORLANDO FL  Pursuant to the proor registered agen familiar with, and a  IATURE Signature  D CO 1 ADDRESS 19 SI-ZIP VE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | IGE AVE., SUIT<br>2801  Ovisions of Section<br>It, or both, in the Saccept the obligation<br>bject or protect rank of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | E 760  Ins 607,0502 and 60 State of Florida. Such ons of, Section 607.  Ing streed against and the infarrance of Floring Street AND DIRECTAN.        | orange was autr<br>0505, Florida Stat<br>appicable<br>CTORS   | (NOTE Registered 13. 1.1 T 1.2 N 1.3 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 84 City  we named corporation's bost  Agent squature requir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | of directors. I hereby accept the additional management of when reinstating                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | purpose of cha<br>appointment as<br>DATE<br>OFFICERS AND | anging its registered                 | egistered off<br>agent. I am<br>RS IN 12                                                  |
| 201 S. ORAN ORLANDO FL  Pursuant to the proor registered agen amiliar with, and a IATURE Segment D CO I ADDR:SS 19 S1-2P VE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ONSALO, SUSA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | this 607.0502 and 60 State of Florida. Such ons of, Section 607.  I registred out think the if a FICERS AND DIRECTAN.  STE. 6. 32960                 | orange was autr<br>0505, Florida Stat<br>appicable<br>CTORS   | (NOTE Registered 13. 1.1 T 1.2 N 1.3 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 84 City  Ave-named corporation's book  Indeed signature require  Intername  I | of directors. I hereby accept the additional management of when reinstating                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | purpose of cha<br>appointment as<br>DATE<br>OFFICERS AND | anging its registered                 | egistered off<br>agent. I am<br>RS IN 12                                                  |
| 201 S. ORAN ORLANDO FL  Pursuant to the proor registered agen amiliar with, and a IATURE Segment 19 CO I ADDRESS 19 SC I ADDRESS 19 SC I ADDRESS 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OVISIONS OF SOCION TO SOCION SALO, SUSA SERO BEACH FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | this 607.0502 and 60 State of Florida. Such ons of, Section 607.  I registered au nt and state of FICERS AND DIRECTAIN, STE. 6.  32960  34H, STE. 6. | Criange was autr<br>0505, Florida Stat<br>assectable<br>CTORS | (NOTE Registered 13. 1.17 1.2 N 1.3 S 1.4 C 2.17 22 N 2.3 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 84 City  Expendicular of the composition of the com | of directors. I hereby accept the additional management of when reinstating                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | purpose of cha<br>appointment as<br>DATE<br>OFFICERS AND | anging its r<br>registered            | egistered off<br>agent. I am<br>RS IN 12                                                  |
| 201 S. ORAN ORLANDO FL  Pursuant to the proor registered agen amiliar with, and a IATURE Segment 19 CO I ADDRESS 19 SC I ADDRESS 19 SC I ADDRESS 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OVER AVE., SUIT L 32801  OVISIONS OF Section II, or both, in the Second the obligation of the Committee of t | this 607.0502 and 60 State of Florida. Such ons of, Section 607.  I registered au nt and state of FICERS AND DIRECTAIN, STE. 6.  32960  34H, STE. 6. | Criange was autr<br>0505, Florida Stat<br>assectable<br>CTORS | (NOTE Registered 13. 1.17 1.2 N 1.3 S 1.4 C 2.17 22 N 2.3 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 84 City  Expended corporation's book  Interest ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | of directors. I hereby accept the additional manager in the state of when reinstating in the state of the sta | DUIPOSE OF CHE<br>Appointment as<br>DATE<br>OFFICERS AND | anging its r<br>registered            | egistered off<br>agent. I am<br>RS IN 12                                                  |
| 201 S. ORAN ORLANDO FL  Pursuant to the proor registered agen autiliar with, and a IATURE Segnation  I ADDRESS 19 SC 1 ADDRESS 1 19 SC 1 ADDRESS 1 19 VE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OVISIONS OF SOCION TO SOCION SALO, SUSA SERO BEACH FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | this 607.0502 and 60 State of Florida. Such ons of, Section 607.  I registered au nt and state of FICERS AND DIRECTAIN, STE. 6.  32960  34H, STE. 6. | O505, Florida Stat                                            | (NOTE Registered by the dutes)  (NOTE Registered by the dutes)  13. 1.17 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S 2.4 C 3.11 3.2 N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 84 City  ove-named corporation's bost  inagent signature require  inter  AME  IREET ADDRESS  INY-SI-ZIP  INTER  INTER  AME  IREET ADDRESS  INY-SI-ZIP  INTER  AME  INTER  AME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | of directors. I hereby accept the additional manager in the state of when reinstating in the state of the sta | DUIPOSE OF CHE<br>Appointment as<br>DATE<br>OFFICERS AND | anging its registered  DIRECTO Change | egistered off<br>agent. I am<br>RS IN 12<br>Addition                                      |
| 201 S. ORAN ORLANDO FL  Pursuant to the proor registered agen familiar with, and a  IATURE Signature  D CC I ADDRESS 19 SC I ADDRESS 19 SC I ADDRESS 19 VE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OVISIONS OF SOCION TO SOCION SALO, SUSA SERO BEACH FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | this 607.0502 and 60 State of Florida. Such ons of, Section 607.  I registered au nt and state of FICERS AND DIRECTAIN, STE. 6.  32960  34H, STE. 6. | DELETE                                                        | (NOTE Registered by the dutes.  13. 1.11 1.2 N. 1.3 S. 1.4 C. 2.1 J. 2.2 N. 2.3 S. 2.4 C. 3.1 1. 3.2 N. 3.3 S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 84 City  ove-named corporation's bost  Agent signature require  ITLE  AME  IREE1 ADDRESS  ITY-SI-ZIP  ITLE  IREE1 ADDRESS  ITY-SI-ZIP  ITLE  ITL | of directors. I hereby accept the additional manager in the state of when reinstating in the state of the sta | DUIPOSE OF CHE<br>Appointment as<br>DATE<br>OFFICERS AND | anging its registered  DIRECTO Change | egistered off<br>agent. I am<br>RS IN 12<br>Addition                                      |
| 201 S. ORAN ORLANDO FL  Pursuant to the proor registered agen familiar with, and a  NATURE Square.  D CC LADDRESS 19 S1-ZIP VE LADDRESS 19 SC 1 ADDRESS 19 VE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OVISIONS OF SOCION TO SOCION SALO, SUSA SERO BEACH FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | this 607.0502 and 60 State of Florida. Such ons of, Section 607.  I registered au nt and state of FICERS AND DIRECTAIN, STE. 6.  32960  34H, STE. 6. | O505, Florida Stat                                            | (NOTE Registered by the dutes.  13. 1.11 1.2 N. 1.3 S. 1.4 C. 2.1 J. 2.2 N. 2.3 S. 2.4 C. 3.1 1. 3.2 N. 3.3 S. 3.4 C. 4.1 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 84 City  Expert squature requirements  ITLE  AME  IREET ADDRESS  ITY-ST-ZIP  ITLE  AME  IREET ADDRESS  ITY-ST-ZIP  ITLE  AME  IREET ADDRESS  ITY-ST-ZIP  ITLE  IREET ADDRESS  ITY-ST-ZIP  ITLE  IREET ADDRESS  ITY-ST-ZIP  ITLE  IREET ADDRESS  ITY-ST-ZIP  ITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | of directors. I hereby accept the additional manager in the state of when reinstating in the state of the sta | purpose of cha<br>appointment as<br>DATE<br>OFFICERS AND | anging its registered  DIRECTO Change | egistered off<br>agent. I am<br>RS IN 12<br>Addition                                      |
| 201 S. ORAN ORLANDO FL  Pursuant to the proor registered agen familiar with, and a  ATURE Signature  D CC I ADDRESS 19 SC I ADDRESS 19 SC I ADDRESS 19 VE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OVISIONS OF SOCION TO SOCION SALO, SUSA SERO BEACH FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | this 607.0502 and 60 State of Florida. Such ons of, Section 607.  I registered au nt and state of FICERS AND DIRECTAIN, STE. 6.  32960  34H, STE. 6. | DELETE                                                        | (NOTE Registered by the dutes.  13. 1.11 1.2 N. 1.3 S. 1.4 C. 2.1 I. 2.2 N. 2.3 S. 2.4 C. 3.1 1. 3.2 N. 3.3 S. 3.4 C. 4.1 1. 4.2 N.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 84 City  Expert squature requirements  ITLE  AME  IREET ADDRESS  ITY-ST-ZIP  ITLE  AME  IREET ADDRESS  ITY-ST-ZIP  ITLE  AME  IREET ADDRESS  ITY-ST-ZIP  ITLE  IREET ADDRESS  ITY-ST-ZIP  ITLE  IREET ADDRESS  ITY-ST-ZIP  ITLE  IREET ADDRESS  ITY-ST-ZIP  ITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | of directors. I hereby accept the additional manager in the state of when reinstating in the state of the sta | purpose of cha<br>appointment as<br>DATE<br>OFFICERS AND | DIRECTO Change Change                 | egistered off agent. I am  RS IN 12 Addition Addition                                     |
| 201 S. ORAN ORLANDO FL  Pursusant to the proor registered agen familiar with, and a  IATURE Signature.  D CO I ADDRESS 19 SI JUP U L ADDRESS 1 400065SS SI JUP I ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OVISIONS OF SOCION TO SOCION SALO, SUSA SERO BEACH FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | this 607.0502 and 60 State of Florida. Such ons of, Section 607.  I registered au nt and state of FICERS AND DIRECTAIN, STE. 6.  32960  34H, STE. 6. | DELETE                                                        | (NOTE Registered by the dutes.  13. 1.11 1.2 N. 1.3 S. 1.4 C. 2.1 I. 2.2 N. 2.3 S. 2.4 C. 3.1 1. 3.2 N. 3.3 S. 3.4 C. 4.1 1. 4.2 N. 4.3 S. 4.4 C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 84 City  Experiment corporation's boat  Inagent signature require  ITLE  AME  IREET ADDRESS  ITY-ST-ZIP  ITLE  IREET ADDRESS  ITY-ST-ZIP  ITLE  IREET ADDRESS  ITY-ST-ZIP  ITLE  IREET ADDRESS  ITY-ST-ZIP  ITLE  IREET ADDRESS  ITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | of directors. I hereby accept the additional manager in the state of when reinstating in the state of the sta | DATE OFFICERS AND                                        | DDIRECTO Change Change Change         | egistered off agent. I am  RS IN 12 Addition Addition Addition                            |
| 201 S. ORAN ORLANDO FL  Pursuant to the proor registered agen amiliar with, and a IATURE Separation 1 Superfect 1  | OVISIONS OF SOCION TO SOCION SALO, SUSA SERO BEACH FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | this 607.0502 and 60 State of Florida. Such ons of, Section 607.  I registered au nt and state of FICERS AND DIRECTAIN, STE. 6.  32960  34H, STE. 6. | DELETE                                                        | (NOTE Registered by the dutes.  13. 1.11 1.2 N. 1.3 S 1.4 C 2.1 T 2.2 N. 2.3 S 2.4 C 3.1 T 3.2 N. 3.3 S 3.4 C 4.1 T 4.2 N. 4.3 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 84 City  Overnamed corporation's bost or proporation's bost or proporation's bost or proporation's bost or proporation's post or proporation's post or proporation's post or proporation or proporation's proporation or | of directors. I hereby accept the additional manager in the state of when reinstating in the state of the sta | DATE OFFICERS AND                                        | DIRECTO Change Change                 | egistered off agent. I am  RS IN 12 Addition Addition                                     |
| 201 S. ORAN ORLANDO FL  Parsarant to the proportion of the proport | OVISIONS OF SOCION TO SOCION SALO, SUSA SERO BEACH FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | this 607.0502 and 60 State of Florida. Such ons of, Section 607.  I registered au nt and state of FICERS AND DIRECTAIN, STE. 6.  32960  34H, STE. 6. | DELETE                                                        | (NOTE Registered by the dutes)  13. 1.17 1.2 N. 1.3 S. 1.4 C. 2.17 2.2 N. 2.3 S. 2.4 C. 3.11 3.2 N. 3.3 S. 3.4 C. 4.11 4.2 N. 4.3 S' 4.4 C. 5.1 T. 5.2 N. 5.3 S'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | B4 City  Dive named corporation's body  Tagent signature require  THE  THE TADDRESS  THY-SI-ZIP  THE TADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of directors. I hereby accept the additional manager in the state of when reinstating in the state of the sta | DATE OFFICERS AND                                        | DDIRECTO Change Change Change         | egistered off agent. I am  RS IN 12 Addition Addition Addition                            |
| 201 S. ORAN ORLANDO FL  Pursuant to the proor registered agen familiar with, and a  NATURE Segration  I ADDRESS 19  I ADDRESS SI ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OVISIONS OF SOCION TO SOCION SALO, SUSA SERO BEACH FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | this 607.0502 and 60 State of Florida. Such ons of, Section 607.  I registered au nt and state of FICERS AND DIRECTAIN, STE. 6.  32960  34H, STE. 6. | DELETE                                                        | (NOTE Registered by the dutes)  13. 1.17 1.2 N. 1.3 S. 1.4 C. 2.17 2.2 N. 2.3 S. 2.4 C. 3.11 3.2 N. 3.3 S. 3.4 C. 4.11 4.2 N. 4.3 S' 4.4 C. 5.1 T. 5.2 N. 5.3 S'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 84 City  Dive named corporation's bost or proporation's proporation's proporation's proporation's proporation's proporation's proporation's proporation's proporation's proporation or proporation's proporation or proporation's proporation's proporation or proporation's proporation or proporation's proporat | of directors. I hereby accept the additional manager in the state of when reinstating in the state of the sta | DATE OFFICERS AND                                        | DDIRECTO Change Change Change         | egistered off agent. I am  RS IN 12 Addition Addition Addition                            |
| 201 S. ORAN ORLANDO FL  Pursuant to the proor registered agen familiar with, and a  NATURE Signature  Pursuant to the proor registered agen familiar with, and a  NATURE Signature  Pursuant to the proor registered agen familiar with, and a  NATURE Signature  Pursuant to the proor registered agen familiar with, and a  NATURE Signature  Pursuant to the proor registered agen familiar with, and a  NATURE Signature  Pursuant to the proor registered agen familiar with, and a  NATURE  Signature  Pursuant to the proor registered agen familiar with, and a  NATURE  Signature  Pursuant to the proor registered agen familiar with, and a  NATURE  Signature  Pursuant to the proor registered agen familiar with, and a  NATURE  Signature  Pursuant to the proor registered agen familiar with, and a  NATURE  Signature  Pursuant to the proor registered agen familiar with, and a  NATURE  Signature  Pursuant to the proor registered agen familiar with, and a  NATURE  Signature  Pursuant to the proor registered agen familiar with, and a  NATURE  Signature  Pursuant to the proor registered agen familiar with, and a  NATURE  Signature  Pursuant to the proor registered agen familiar with, and a  NATURE  Signature  Pursuant to the proor registered agen familiar with, and a  NATURE  NATURE  Signature  Pursuant to the proof registered agen familiar with, and a  NATURE  Signature  Pursuant to the proof registered agen familiar with, and a  NATURE  Pursuant to the proof registered agen familiar with, and a  NATURE  Pursuant to the proof registered agen familiar with, and a  NATURE  Pursuant to the proof registered agen familiar with, and a  NATURE  Pursuant to the proof registered agen familiar with, and a  NATURE  Pursuant to the proof registered agen familiar with, and a  NATURE  Pursuant to the proof registered agen familiar with, and a  NATURE  Pursuant to the proof registered agen familiar with the pursuant to the | OVISIONS OF SOCION TO SOCION SALO, SUSA SERO BEACH FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | this 607.0502 and 60 State of Florida. Such ons of, Section 607.  I registered as intandation of FICERS AND DIRECTAIN, STE. 6.  32960  34H, STE. 6   | DELETE                                                        | (NOTE Registered by the dutes)  13. 1.17 1.2 N 1.3 S 1.4 C 2.17 2.2 N 2.3 S 2.4 C 3.17 3.2 N 3.3 S 3.4 C 4.17 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | B4 City  Decinamed corporation's body  Tagent signature requires  THE AME  THEET ADDRESS  THY-ST-ZIP  THEE   | of directors. I hereby accept the additional manager in the state of when reinstating in the state of the sta | DATE OFFICERS AND                                        | DDIRECTO Change Change Change Change  | egistered off egent. I am  RS IN 12 Addition Addition Addition Addition Addition          |
| 201 S. ORAN ORLANDO FL  Pursuant to the proor registered agen familiar with, and a  NATURE Separate.  D CO 1 ADDRESS 19 S1 ZIP UE 1 ADDRESS S1 ZIP VE 1 ADDRESS S1 ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OVER AVE., SUIT L 32801  OVISIONS OF Section | ins 607.0502 and 60 State of Florida. Such ons of, Section 607.  Ing street as int and such fire FIGERS AND DIRECT AND STE. 6.  32960  32960  32960  | DELETE  DELETE                                                | NOTE Residence  13. 1.11 1.2 N. 1.3 S. 1.4 C. 2.1 I. 2.2 N. 2.3 S. 2.4 C. 3.1 I. 3.2 N. 3.3 S. 3.4 C. 4.1 I. 4.2 N. 4.3 S. 4.4 C. 5.1 T. 5.2 N. 5.3 S. 5.4 C. 6.1 T. 6.2 N. 6.3 S. 6.4 C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | REET ADDRESS ITY-ST-ZIP ITLE AME IRREET ADDRESS ITY-ST-ZIP ITLE IRREET ADDRESS ITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | of directors. I hereby accept the additional manager in the state of when reinstating in the state of the sta | DATE  DATE  OFFICERS AND                                 | DDIRECTO Change Change Change Change  | egistered off agent. I am  RS IN 12 Addition Addition Addition Addition Addition Addition |